Fill in this information to identify your case:							
Debtor 1	Lori Ann Borkey	_					
Debtor 2 (Spouse, if filing)		-					
United States E	Sankruptcy Court for the: Eastern District of Pennsylvania	_					
Case number (if known)	22-11178	-					

Check	Check as directed in lines 17 and 21:								
	According to the calculations required by this Statement:								
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).								
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								

☐ Check if this is an amended filing

### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. ☐ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 2,229.99 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 vou listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 16,517.43 Gross receipts (before all deductions) 6,594.57 Ordinary and necessary operating expenses Copy Net monthly income from a business. 9,922.87 9,922.87 here -> \$ 0.00 \$ profession, or farm 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

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Case number (*if known*) **22-11178** 

				Colu	mn A c <b>or 1</b>		Column E Debtor 2 non-filing	or	•	
7.	Interest, dividends, and royalties			\$		0.00	\$	0.00	)	
8.	Unemployment compensation			\$	(	0.00	\$	0.00	_ )	
	Do not enter the amount if you contend that the amou the Social Security Act. Instead, list it here:	nt received was a bene	fit under						_	
	For you	\$0	.00							
	For your spouse	\$0	.00							
	Pension or retirement income. Do not include any a benefit under the Social Security Act. Also, except as not include any compensation, pension, pay, annuity, United States Government in connection with a disabidisability, or death of a member of the uniformed servipay paid under chapter 61 of title 10, then include that does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chapter 61.	mount received that wa stated in the next sente or allowance paid by th lity, combat-related inju- ices. If you received an t pay only to the extent ou would otherwise be e	ence, do ne iry or y retired that it	\$	(	0.00	\$	0.00		
	Income from all other sources not listed above. S Do not include any benefits received under the Social received as a victim of a war crime, a crime against hu domestic terrorism; or compensation, pension, pay, ar United States Government in connection with a disabi disability, or death of a member of the uniformed servi sources on a separate page and put the total below.	Security Act; payments umanity, or internationa nnuity, or allowance pai lity, combat-related inju	s Il or id by the Iry or	\$		0.00		0.00	_	
				\$		0.00	. \$	0.00	<u> </u>	
	Total amounts from separate pages, if any.		+	\$		0.00	\$	0.00	_	
	Calculate your total average monthly income. Add each column. Then add the total for Column A to the total for Column Determine How to Measure Your Deduction	otal for Column B.	\$1	2,152	±.86+	\$_	0.00		12,152.86  Total average monthly income	
12. 13.	Copy your total average monthly income from line Calculate the marital adjustment. Check one:	11						\$	12,152.86	
	You are not married. Fill in 0 below.									
	☐ You are married and your spouse is filing with yo	u. Fill in 0 below.								
	■ You are married and your spouse is not filing with	h you.								
	Fill in the amount of the income listed in line 11, dependents, such as payment of the spouse's ta	Column B, that was NC								
	Below, specify the basis for excluding this incomadjustments on a separate page.	e and the amount of inc	come dev	oted	o each pu	urpos	e. If necessar	y, list ad	ditional	
	If this adjustment does not apply, enter 0 below.		_							
			. \$ \$							
			-							
	-		· • • —			$\neg$				
	Total		\$		0.00	С	opy here=>		0.0	0
14.	Your current monthly income. Subtract line 13 fro	m line 12.						\$	12,152.86	
15.	Calculate your current monthly income for the year	ear. Follow these steps	:							
	15a. Copy line 14 here=>							\$	12,152.86	

Lori Ann Borkey

Debtor 1

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Debto	or 1	Lori /	Ann Borkey		Case number (if known)	22-11178		
		Mul	tiply line 15a by 12 (the number of months in a y	year).			Х	12
	15	b. The	e result is your current monthly income for the ye	ear for this part of th	e form		\$	145,834.32
16	. Cal	culate t	he median family income that applies to you	Follow these step	s:			
	16a	. Fill in	the state in which you live.	PA				
	16b	. Fill in t	the number of people in your household.	2				
	16c	To find	the median family income for your state and size a list of applicable median income amounts, gotions for this form. This list may also be available	o online using the li			\$	74,805.00
17	. Hov		e lines compare?	ie at the bankruptcy	GIETR'S OFFICE.			
	17a	. 🗆	Line 15b is less than or equal to line 16c. On the 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do NOT					
	17b	ī	Line 15b is more than line 16c. On the top of p 1325(b)(3). <b>Go to Part 3 and fill out Calculat</b> your current monthly income from line 14 above	tion of Your Dispose.				
Pari	3:	Calc	culate Your Commitment Period Under 11 U.S	s.C. § 1325(b)(4)				
18.	Cop	y your	total average monthly income from line ${\bf 11}$ .			\$		12,152.86
19.	spo	tend that use's in	e marital adjustment if it applies. If you are man at calculating the commitment period under 11 U come, copy the amount from line 13. marital adjustment does not apply, fill in 0 on line	J.S.C. § 1325(b)(4)		our -\$_		0.00
	19b	. Subtra	act line 19a from line 18.				\$	12,152.86
20.	Cal	culate y	your current monthly income for the year. For	ollow these steps:				
	20a	. Copy	line 19b				\$	12,152.86
		Multip	ly by 12 (the number of months in a year).				X	12
	20b	. The re	esult is your current monthly income for the year	for this part of the f	form		\$	145,834.32
	20c	. Copy	the median family income for your state and size	e of household from	line 16c		\$	74,805.00
	21.	How	do the lines compare?					
			ine 20b is less than line 20c. Unless otherwise operiod is 3 years. Go to Part 4.	ordered by the cour	t, on the top of page 1 of this f	orm, check bo	x 3, T	he commitment
			ine 20b is more than or equal to line 20c. Unles commitment period is 5 years. Go to Part 4.	s otherwise ordered	d by the court, on the top of pa	ge 1 of this for	rm, ch	eck box 4, The
Par	4:	Sigr	n Below					
	By s	signing	here, under penalty of perjury I declare that the	information on this	statement and in any attachme	ents is true and	d corre	ect.
<b>X</b>			Ann Borkey					
			a Borkey of Debtor 1					
		MM /	e 1, 2022 (DD / YYYY					
	If yo	u chec	ked 17a, do NOT fill out or file Form 122C-2.					
	If yo	u chec	ked 17b, fill out Form 122C-2 and file it with this	form. On line 39 of	that form, copy your current m	nonthly income	e from	line 14 above.

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Debtor 1 Lori Ann Borkey Case number (if known) 22-11178

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Fill in	this information to identify your case:		
Debtor	r 1 Lori Ann Borkey		
20210.	LON AIN BOINCY	_	
Debtor			
(Spous	se, if filing)		
United	States Bankruptcy Court for the: Eastern District of Pennsylvania	_	
	number <b>22-11178</b>	_	
(if knov	wn)	Li Check if the	nis is an amended filing
Official	I Form 122C 2		
	<u>  Form 122C-2</u>  pter 13 Calculation of Your Disposable	Income	04/22
Commi	out this form, you will need your completed copy of <i>Chapter 13 Statitment Period</i> (Official Form 122C-1).  complete and accurate as possible. If two married people are filing to	ogether, both are equally responsit	ole for being accurate. If more
space i	is needed, attach a separate sheet to this form, Include the line num nal pages, write your name and case number (if known).	ber to which additional information	applies. On the top any
Part 1:	Calculate Your Deductions from Your Income		
the info	Internal Revenue Service (IRS) issues National and Local Standard questions in lines 6-15. To find the IRS standards, go online using formation may also be available at the bankruptcy clerk's office.  But the expense amounts set out in lines 6-15 regardless of your actual of the expense amounts set out in lines 6-15 regardless of your actual of the expense amounts set out in lines 6-15 regardless of your actual of the expense amounts set out in lines 6-15 regardless of your actual of the expense amounts set out in lines 6-15 regardless of your actual of the expense amounts set out in lines 6-15 regardless of your actual of the expense amounts set out in lines 6-15 regardless of your actual of the expense amounts set out in lines 6-15 regardless of your actual of the expense amounts set out in lines 6-15 regardless of your actual of the expense amounts set out in lines 6-15 regardless of your actual of the expense amounts set out in lines 6-15 regardless of your actual of the expense amounts set out in lines 6-15 regardless of your actual of the expense amounts set out in lines 6-15 regardless of your actual of the expense amounts set out in lines 6-15 regardless of your actual of the expense amounts set out in lines 6-15 regardless of your actual of the expense amounts are the expense amounts at the expense amounts are the expen	the link specified in the separate ins expense. In later parts of the form, you	structions for this form. This
	enses if they are higher than the standards. Do not include any operating C–1, and do not deduct any amounts that you subtracted from your spou		
If yo	our expenses differ from month to month, enter the average expense.		
Note	e: Line numbers 1-4 are not used in this form. These numbers apply to ir	formation required by a similar form u	sed in chapter 7 cases.
5.	The number of people used in determining your deductions from i	ncome	
	Fill in the number of people who could be claimed as exemptions on yo plus the number of any additional dependents whom you support. This the number of people in your household.		2
Nati	ional Standards You must use the IRS National Standards to a	answer the questions in lines 6-7.	
6.	<b>Food, clothing, and other items:</b> Using the number of people you ent Standards, fill in the dollar amount for food, clothing, and other items.	ered in line 5 and the IRS National	\$1,292.00
7.	Out-of-pocket health care allowance: Using the number of people you the dollar amount for out-of-pocket health care. The number of people is people who are 65 or older-because older people have a higher IRS all higher than this IRS amount, you may deduct the additional amount on	s split into two categoriespeople who llowance for health car costs. If your a	are under 65 and

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Debtor 1 Lori Ann Borkey Case number (*if known*) **22-11178** 

Ped	ple v	who are under 65 years of age						
	7a.	Out-of-pocket health care allowance per person	\$_	68				
	7b.	Number of people who are under 65	X	2				
	7c.	Subtotal. Multiply line 7a by line 7b.	\$	136.00	Copy here=>	\$	136.00	
Ped	ple v	who are 65 years of age or older						
	7d.	Out-of-pocket health care allowance per person	\$	142				
	7e.	Number of people who are 65 or older	Χ _	0				
	7f.	Subtotal. Multiply line 7d by line 7e.	\$_	0.00	Copy here=>	\$	0.00	
	7g.	Total. Add line 7c and line 7f			\$136.00	Сору	y total here=	\$136.00_
Loc	al St	andards You must use the IRS Local Standards t	o answ	ver the question	ons in lines 8-15.			
		n information from the IRS, the U.S. Trustee Protocopy purposes into two parts:	gram h	as divided tl	ne IRS Local Standard	for hous	sing for	
	Hous	ing and utilities - Insurance and operating expen	ses					
	Hous	ing and utilities - Mortgage or rent expenses						
	arate Hou	rer the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also busing and utilities - Insurance and operating expense dollar amount listed for your county for insurance	e avai enses:	lable at the busing the nu	pankruptcy clerk's office mber of people you ente	ce.		specified in the
9.		using and utilities - Mortgage or rent expenses:		0 1			=	
	9a.	Using the number of people you entered in line 5, 1 listed for your county for mortgage or rent expense		e dollar amou	ınt	\$	1,215.00	
	9b.	Total average monthly payment for all mortgages a	and oth	er debts secu	ired by your home.			
		To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.						
		Name of the creditor		Average mo	nthly			
		Key Bank		\$1,3	864.61			
		9b. Total average monthly paymer	nt	\$1,3	Copy here=> -	\$	1,364.61	Repeat this amount on line 33a.
	9c.	Net mortgage or rent expense.	L					
		Subtract line 9b (total average monthly payment) fror rent expense). If this number is less than \$0, en		e 9a ( <i>mortgag</i>	s	0.0	Copy here=>	. \$0.00
10.	•	ou claim that the U.S. Trustee Program's division ects the calculation of your monthly expenses, fil			•	incorre	ct and	\$
	Fx	rplain why:						

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Lori Ann Borkey 22-11178 Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 0.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment \$ Repeat this Copy amount on **Total Average Monthly Payment** \$ 0.00 -\$ here => line 33b. Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Copy Repeat this here amount on line Total average monthly payment 0.00 -\$ => 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 Lori Ann Borkey Case number (if known) 22-11178

		n addition to the expense one following IRS categorie		s listed above	, you are allowed your monthly expense	s for			
16.	self-employment taxes, socia	I security taxes, and Medi vever, if you expect to recome the total monthly amount	care taxe	s. You may ind refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from ust divide the expected refund by 12 for taxes.	\$	268.40		
17.	Involuntary deductions: The contributions, union dues, and		ductions th	nat your job re	quires, such as retirement				
	Do not include amounts that a	are not required by your jo	b, such a	s voluntary 40	1(k) contributions or payroll savings.	\$	0.00		
18.	filing together, include payme	ents that you make for you life insurance on your dep	r spouse's	s term life insu	e insurance. If two married people are rance. spouse's life insurance, or for any form	\$	0.00		
19.	Court-ordered payments: T				by the order of a court or				
	administrative agency, such a Do not include payments on p				You will list these obligations in line 35.	\$	0.00		
20.	Education: The total monthly								
	as a condition for your job				•				
	for your physically or ment	for your physically or mentally challenged dependent child if no public education is available for similar services.							
21.	<b>Childcare:</b> The total monthly Do not include payments for a	\$	0.00						
22.	Additional health care expethat is required for the health by a health savings account.	\$	0.00						
	Payments for health insurance	· ·			y in line 25. you pay for telecommunication services	· —	0.00		
24.	for you and your dependents, phone service, to the extent n income, if it is not reimbursed Do not include payments for texpenses, such as those reports and all of the expenses allows.	<b>+</b> \$	0.00 2,316.40						
	Add lines 6 through 23.			11 11 41					
Add	ditional Expense Deductions	These are additional on the Note: Do not include a							
25.					ises. The monthly expenses for health ly necessary for yourself, your spouse,	or			
	Health insurance					·			
			\$	237.49		<b>o</b> .			
	Disability insurance		\$ \$	237.49 0.00		<b>.</b>			
	Disability insurance	,	\$	0.00	Copy total here=>	\$\$	237.49		
	Disability insurance Health savings account	tal amount?	\$ + \$	0.00	Copy total here=>		237.49		
	Disability insurance Health savings account Total  Do you actually spend this tot	tal amount?	\$ + \$	0.00	Copy total here=>		237.49		
26.	Disability insurance Health savings account  Total  Do you actually spend this tot  No. How much do you  Yes  Continuing contributions to continue to pay for the reason	tal amount? u actually spend?  o the care of household hable and necessary care f your immediate family when the care of the care of your immediate family when the your immediate family when your immediate family when your immediate family when your immediate family your immediate family your immediate family your im	\$ \$ \$ or family and supp ho is unab	0.00 0.00 237.49 members. Theoret of an elder ole to pay for s	e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$	237.49		
	Disability insurance Health savings account  Total  Do you actually spend this tot  No. How much do you  Yes  Continuing contributions to continue to pay for the reasor your household or member of include contributions to an actual protection against family vi	tal amount? u actually spend?  the care of household hable and necessary care f your immediate family with	\$s  or family and suppho is unab program. necessary	0.00 0.00 237.49 members. Theory of an elder oble to pay for s 26 U.S.C. § 5 monthly expe	e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$\$			

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	Lori Ann Borkey		Case number (if kn	own)	22-1	1178				
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insur	rance and opera	ting 6	expense	s on				
	If you believe that you have home energy of 8, then fill in the excess amount of home en		costs included	in ex	penses	on line				
	You must give your case trustee document amount claimed is reasonable and necessary		nust show that th	e ad	ditional		\$_	0.00		
	Education expenses for dependent child \$189.58* per child) that you pay for your depublic elementary or secondary school.									
	You must give your case trustee document claimed is reasonable and necessary and r		nust explain why	the a	amount					
	* Subject to adjustment on 4/01/25, and ev	ery 3 years after that for cases begun on	or after the date	of a	djustme	nt.	\$_	0.00		
	Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance	allowances in the IRS National Standard								
	To find a chart showing the maximum additinstructions for this form. This chart may also			separ	ate			0.00		
	You must show that the additional amount claimed is reasonable and necessary.									
	<ol> <li>Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financi instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).</li> </ol>									
	Do not include any amount more than 15%	of your gross monthly income.					\$_	0.00		
-	22. Add all of the additional expense deductions. Add lines 25 through 31.									
Dedi	uctions for Debt Payment									
le	For debts that are secured by an interest oans, and other secured debt, fill in lines o calculate the total average monthly paym	33a through 33e.								
С	reditor in the 60 months after you file for ba	nkruptcy. Then divide by 60.					Avora	ge monthly		
	Mortgages on your home						payme			
33a.	Copy line 9b here					=>	\$			
								1,364.61		
	Loans on your first two vehicles							1,364.61		
33b.	Loans on your first two vehicles					=>	\$	0.00		
33b. 33c.	Loans on your first two vehicles Copy line 13b here					=> =>	\$ \$			
33b. 33c. 33d.	Loans on your first two vehicles Copy line 13b here						\$ \$	0.00		
33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here			Doe		ent	\$ \$	0.00		
33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:			Doe	s paym	ent	\$ \$	0.00		
33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:			Doe inclu	s paymoude taxe	ent es	\$ \$	0.00		
33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt			Doe incluor in	s paymende taxensurance No Yes	ent es	\$ \$	0.00		
33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt			Doe incluor in	s paymade taxe surance	ent es e?		0.00		
33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt			Doe incluor ir	s paymide taxes surance No Yes No Yes	ent es e?	\$ \$	0.00		
33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt			Doe incluor in land	s paymoude taxe isurance No Yes No Yes	ent es e?		0.00		
33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt			Doe incluor ir	s paymide taxes surance No Yes No Yes	ent es		0.00		

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ebtor 1	Lori	Ann Borkey			Cas	se nui	mber (if known) 2	2-11178		
		debts that you listed in lir property necessary for yo				е,				
	l No.	Go to line 35.								
	l Yes.	State any amount that you listed in line 33, to keep po Next, divide by 60 and fill it	ossession of your property							
Name	e of the	creditor	Identify property that so	ecures the deb	t	Tot	al cure amount		onthly nount	cure
Key	Bank	(	136 Virginville Roa 19530 Berks Cour		n, PA \$		63,000.00		nount	1,050.00
					\$			÷ 60 = \$		
					\$	_		÷ 60 = +\$		
					Total	\$	1,050.00	Copy total here=>	\$	1,050.00
		owe any priority claims - s due as of the filing date o				hat				
		Go to line 36.	i your bankrupicy case	: 11 0.3.0. 9	507.					
•		Fill in the total amount of a ongoing priority claims, su			de current or					
		Total amount of all past-	due priority claims			\$	249.24	÷ 60	\$	4.15
36. <b>P</b> r	ojecte	d monthly Chapter 13 plan				\$_				
Of the To	ffice of e Exec find a l	multiplier for your district as the United States Courts (foutive Office for United State ist of district multipliers that incl nstructions for this form. This lis	or districts in Alabama and s Trustees (for all other d udes your district, go online u	d North Caroli listricts). using the link sp	ina) or by ecified in the	X _		7.		
Av	/erage	monthly administrative expe	ense			;	\$	Copy total		
37. <b>A</b>	Add all	of the deductions for deb	ot payment. Add lines 330	e through 36.					\$	2,418.76
Total	Deduc	etions from Income								
38. <b>A</b> ¢	dd all d	of the allowed deductions								
$\epsilon$	expens				2,316.4	0				
C	Copy lir	ne 32, All of the additional e	xpense deductions	\$	237.49	9_				
C	Copy lir	ne 37, All of the deductions	for debt payment	+\$	2,418.70	6	1			
т	Cotal de	aductions		•	4 972 6	5	Convitotal horo-	(		4 972 65

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btor 1	Lori Ann Borl	кеу		_	Case nu	ımber ( <i>if known</i> )	2-11178	
rt 2:	Determine Yo	our Disposable Income Under 11 U	J.S.C. § 1325(	b)(2)				
		rrent monthly income from line 1-			d.		\$	12,152.86
chile disa rece	dren. The month bility payments ived in accorda	bly necessary income you receive hly average of any child support pay for a dependent child, reported in Pa nce with applicable nonbankruptcy le pended for such child.	ments, foster art I of Form 1	care payments, or 22C-1, that you	r	\$	0.00	
emp in 11	. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).					\$ <b>1</b>	6.68	
2. Tota	2. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here					\$ 4,97	2.65	
expe their	enses and you he expenses. You	cial circumstances. If special circunave no reasonable alternative, description of the case trustee a detared documentation for the expenses.	cribe the speci	al circumstances	and			
escrib	e the special c	ircumstances		Amount of ex	pens	е		
				\$				
_				\$		<del></del>		
_				\$				
_				Φ	_	_		
			Total \$	0.00		Copy ere=> \$	0.00	
						·		
						4 000 00	Сору	4 000 0
4. Tota	al adjustments.	Add lines 40 through 43.		=>	\$_	4,989.33	here=> <b>-</b> \$	4,989.3
5. <b>Calc</b>	culate your mo	nthly disposable income under §	<b>1325(b)(2).</b> St	ıbtract line 44 fron	n line	39.	\$	7,163.53
		_						
3:	Change in Inc	come or Expenses						
have time you	e changed or are your case will be filed your petition	or expenses. If the income in Form e virtually certain to change after the pe open, fill in the information below on, check 122C-1 in the first column, I in when the increase occurred, and	e date you filed . For example, , enter line 2 in	I your bankruptcy if the wages repo the second colun	petition prted in prted in	on and during the ncreased after	)	
orm	Line	Reason for change		Date of chan	ge	Increase or decrease?	Amount of o	change
l 122C-	-1					☐ Increase		
122C	-2					Decrease	\$	
122C						☐ Increase		
122C				_		Decrease	\$	
] 122C-						☐ Increase	¢	
122C						Decrease	\$	
☐ 122C-	-1					☐ Increase		

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Sign Below		
	clare that the information on this statement and in any atta	achments is true and correct.
Lori Ann Borkey Signature of Debtor 1		
June 1, 2022 MM / DD / YYYY		
ر ا ا	s/ signing here, under penalty of perjury you dec s/ Lori Ann Borkey Lori Ann Borkey Signature of Debtor 1 June 1, 2022	signing here, under penalty of perjury you declare that the information on this statement and in any attack.  S/ Lori Ann Borkey  Lori Ann Borkey  Signature of Debtor 1  June 1, 2022

Debtor 1 Lori Ann Borkey Case number (if known) 22-11178

#### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 11/01/2021 to 04/30/2022.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: Jetson Speciality Marketing S

Constant income of \$2,229.99 per month.\*

#### Line 5 - Income from operation of a business, profession, or farm

Source of Income: Embroidery Creations LLC

Year-to-Date Income/Expenses/Net:

Last Year:

Starting Financial Statement Dated: 10/31/2021 .

Starting Year-to-Date Income: **\$0.00**.

Starting Year-to-Date Expenses: **\$0.00**.

Starting Year-to-Date Net (Income-Expenses): **\$0.00**.

Ending Financial Statement Dated: 12/31/2021 .

Ending Year-to-Date Income: **\$99,104.59**.

Ending Year-to-Date Expenses: \$39,567.39.

Ending Year-to-Date Net (Income-Expenses): \$59,537.20 .

This Year:

Current Financial Statement Dated: 4/30/2022

Current Year-to-Date Income: **\$0.00**. Current Year-to-Date Expenses: **\$0.00**.

Total Income for six-month period (Current+(Ending-Starting)): \$99,104.59 .

Average Monthly Income (Total Income divided by 6): \$16,517.43.

Total Expenses for six-month period (Current+(Ending-Starting)): \$39,567.39 .

Average Monthly Expenses (Total Expenses divided by 6): \$6,594.57.

Total Net for six-month period (Total Income-Total Expenses): **\$59,537.20**.

Average Monthly Net Income (Total Net Income divided by 6): \_\_**\$9,922.87** .

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Debtor 1 Lori Ann Borkey Case number (if known) 22-11178

#### \*Paycheck Details:

#### **Jetson Speciality Marketing Services Inc**

Date	Earnings	Overtime	Taxes	Other	Net Check
2021-12-10	387.68	0.00	47.67	0.00	340.01
2021-12-23	1,278.19	0.00	183.84	0.00	1,094.35
2022-01-07	1,279.52	0.00	181.07	0.00	1,098.45
2022-01-21	1,285.12	193.68	224.47	0.00	1,254.33
2022-02-04	1,533.52	102.24	258.65	0.00	1,377.11
2022-02-18	1,156.32	2.40	110.67	237.49	810.56
2022-03-04	1,155.04	1.68	110.42	237.49	808.81
2022-03-18	1,152.32	0.72	110.01	260.55	782.48
2022-04-01	1,275.68	1.20	126.35	263.03	887.50
2022-04-15	1,281.44	0.00	127.34	263.12	890.98
2022-04-29	1,280.00	13.20	129.89	263.35	899.96
Totals:	13,064.83	315.12	1,610.38	1,525.03	10,244.54